



Wyoming
Department
of Health

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State of Wyoming
Department of Health
Mental Health and Substance Abuse Services Division

**Substance Abuse Treatment Certification
Renewal Application**

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Director and State Health Officer
Rodger McDaniel, Deputy Director
Korin Schmidt, Administrator

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State of Wyoming Department of Health

Substance Abuse Treatment Certification Renewal Application

Certification Renewal Application is published by the
Mental Health and Substance Abuse Services Division
Rodger McDaniel, Deputy Director
Korin Schmidt, Administrator

Additional information may be obtained from

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Acknowledgements and Overview

Certification to provide substance abuse services is available to any alcohol and drug abuse treatment and prevention program that meets the requirements for certification identified in the Chapter 16 Substance Abuse Standards and in the following certification application. Certification determines if a program has met minimum requirements related to service delivery and has the necessary organizational, personnel, fiscal, treatment/clinical, and special population protocols to provide substance abuse and co-occurring services. It is understood by the applicant that access to clinical records must be made available to the Department of Health, Mental Health and Substance Abuse Services Division and Center for the Application of Substance Abuse Technologies (CASAT) at the time of the certification site visit reviews in order to evaluate for compliance to the standards. This certification is issued by the Wyoming Department of Health Mental Health and Substance Abuse Services Division.

No program, provider, or facility may receive state funds for substance abuse treatment unless certified under the Chapter 16 Substance Abuse Standards. Additionally, no substance abuse service program, provider, or facility may receive court referred patients/clients unless certified under the Chapter 16 Substance Abuse Standards.

For additional information and/or questions please contact:

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Section I: Certification Applicant Information

Date Application Submitted: _____

Agency or Applicant's Name: _____

Applicant's Work Site Address: _____

City and Zip Code: _____

County/Counties of Applicant's Office: _____

Applicant's Telephone Number: _____

Applicant's Cell Phone Number: _____

Applicant's E-mail Address: _____

Applicant's Fax Number: _____

Provider Certification Contact Staff: _____

Website: _____

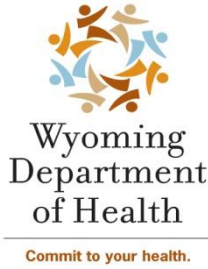
Professional Education Profile of treatment director or clinical supervisor: Please list the type of behavioral health professional degree, the area of study in which it was earned, the college or university attended, and the dates attended:

Professional Affiliations: Please list licensure or professional certification.

Title of Credential: _____

State and Date Issued: _____

Current Status: _____



State of Wyoming Department of Health

Certification Application Disclosure

Agency or Applicant's Name: _____

Completed by: _____

Mailing Address: _____

Daytime Phone: () _____ Date: _____

Instructions for Certification:

By signing and submitting this application, the applicant certifies and acknowledges that he or she has read and understands the following and that the information provided is true and accurate to the best of the applicant's knowledge.

If the applicant cannot certify the following information, he or she shall submit an explanation of why that is the case. If the Wyoming Department of Health Mental Health and Substance Abuse Services Division determines that the applicant knowingly provided false or erroneous information, the Wyoming Department of Health Mental Health and Substance Abuse Services Division may revoke the applicant's certification. The applicant shall immediately notify the Division if and when changed circumstances arise that result in the information provided herein becoming erroneous or incomplete.

Please respond to the following disclosure questions:

☐ YES ☐ NO: Have you, or anyone providing services under your license/certification, ever had your license/certification to practice in any location conditioned, denied, restricted, suspended, reduced, terminated, not renewed, or placed on probation by a licensing board/certifying agency? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Have you, or anyone providing services under your license/certification, ever been disciplined by any licensing or certification board or other professional organization? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Have you or anyone providing services under your license/certification, ever voluntarily relinquished your professional license/certification? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Have you or anyone providing services under your license/certification, had a professional liability case filed against you in the last (5) five years? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Do you, or anyone providing services under your license/certification, have any misdemeanor or felony charges pending, or have you, or anyone providing services under you, ever been convicted of a civil misdemeanor or felony, other than a minor traffic violation? **If yes, please provide details including dates, disposition of charges, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Have you, or anyone providing services under your license/certification, ever been investigated for any acts alleging dishonesty, fraud, deceit or misrepresentation? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES: I attest that I have read and fully understand Chapter 16 Substance Abuse Standards, which establish standards for community substance abuse treatment services and provide that a full continuum of quality, research based, best practice substance abuse treatment services be made available to Wyoming citizens.

☐ YES: The applicant, and anyone providing services under the applicant, agrees to hold harmless the Division from any civil liability by reason of any action the Division may take during the course and scope of its duties to make a determination on this Certification Application.

☐ YES: I affirm under penalty of perjury under the laws of the State of Wyoming that all information included in this application is true, correct and complete. I understand that knowingly providing false information may be grounds for denial or revocation of any certification that may be provided pursuant to this Application.

Signature of Applicant

Date

Section IV: Application for Level of Service According to the American Society of Addiction Medicine (ASAM Patient Placement Criteria PPC-2R)

Applicant, place a check next to each service level applying for:

Adult Services:

- ☐ Level 0.5 Early Intervention / DUI Education/Traffic Safety
- ☐ Level I Substance Abuse Assessment Only
- ☐ Level I Outpatient Treatment
- ☐ Level II.1 Intensive Outpatient Treatment
- ☐ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.3 Clinically Managed Medium-Intensity Residential Treatment
- ☐ Level III.5 Clinically Managed High-Intensity Residential Treatment
- ☐ Level III.7 Medically Monitored Intensive Inpatient Treatment
- ☐ Level IV Medically Managed Intensive Inpatient Treatment

Adult Detoxification Services:

- ☐ Level III.2-D Clinically Managed Residential Detoxification (Social Detoxification)
- ☐ Level III.7-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Managed Intensive Inpatient Detoxification

Adolescent Services:

- ☐ Level 0.5 Early Intervention / MIP
- ☐ Level I Substance Abuse Assessment Only
- ☐ Level I Outpatient Treatment
- ☐ Level II.1 Intensive Outpatient Treatment
- ☐ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.5 Clinically Managed Medium-Intensity Residential Treatment
- ☐ Level III.7 Medically Monitored High-Intensity Residential/Inpatient Treatment
- ☐ Level IV Medically Managed Intensive Inpatient Treatment

Adolescent Detoxification Services:

- ☐ Level III.5-D: Clinically Managed Detoxification
- ☐ Level III.7-D: Medically Monitored Detoxification
- ☐ Level III.IV-D: Medically Managed Detoxification

Special Population Designations:

- ☐ Co-Occurring Disorder Treatment
- ☐ Women's Treatment Services
- ☐ Residential Treatment for Persons with Dependent Children
- ☐ Criminal Justice Population
- ☐ Adolescent Treatment
- ☐ Emergency Assessment and Referral Service